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EXAMINER
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TOMASZEWSKI, MICHAEL

ART UNIT	PAPER NUMBER
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3626

DATE MAILED: 01/13/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Office Action Summary</b>	<b>Application No.</b> 09/854,039	<b>Applicant(s)</b> BLASINGAME ET AL.	
	<b>Examiner</b> Mike Tomaszewski	<b>Art Unit</b> 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) ☒ Responsive to communication(s) filed on 07 October 2005.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) ☒ Claim(s) 1-32 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-32 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 10 August 2001 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some \* c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- \* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- |   |   |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)   | 4) <input type="checkbox"/> Interview Summary (PTO-413)<br>Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)  | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152)             |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)<br>Paper No(s)/Mail Date <u>26 August 2002</u> . | 6) <input type="checkbox"/> Other: _____  |

## **DETAILED ACTION**

### ***Notice To Applicant***

1. This communication is in response to the amendment filed on 07 October 2005.

Claims 1-32 remain pending. Claims 1-32 have been amended.

### ***Specification***

2. The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

3. The specification is objected to under 35 U.S.C. § 112, first paragraph, because the specification, as originally filed, does not provide support for the invention as is now claimed for the reasons in section 4, *infra*.

4. The amendment filed 07 October 2005 is objected to under 35 U.S.C. 132(a) because it introduces new matter into the disclosure. 35 U.S.C. 132(a) states that no amendment shall introduce new matter into the disclosure of the invention. The added material which is not supported by the original disclosure is as follows:

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The newly added recitation of "converting information responsive to said condition-specific interview from language not containing technical medical terminology into language containing technical medical terminology," "in language not containing technical medical terminology," and "transmitting said pre-visit physician report to the physician in language containing technical medical terminology for the purpose of enabling efficient diagnosis and treatment of the patient" within claims 3, 5, 6, 7, 8 and 9.

Applicant is required to cancel the new matter in the reply to this Office Action.

***Claim Rejections - 35 USC § 112***

5. Claims 3-10 are rejected under 35 U.S.C. § 112, first paragraph, as containing subject matter which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention and for the reasons set forth in the objection to the specification in section 4, *supra*.

Claims 3 and 5-9 recite limitations that are new matter, as discussed above. Claim 4 and 10 incorporate the deficiencies of 3 and 10, respectively through dependency, and are also rejected.

**Applicant is advised to provide support for all features added to the amendment filed on 07 October 2005.**

***Claim Rejections - 35 USC § 103***

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

**NOTE:** The following rejections assume that the subject matter added in the amendment filed on 07 October 2005 is not new matter and are provided hereinbelow for Applicant's consideration on the condition that Applicant properly traverses the new matter objections and rejections set forth in sections 2-5, supra, in the next communication sent in response to the present Office Action.

7. Claims 1-4, 11-13, 15, 17-28, 30, and 32 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao (6,283,761; hereinafter Joao), in view of Campbell et al. (6,047,259; hereinafter Campbell), and in view of Cummings, Jr. et al. (6,345,260; hereinafter Cummings).

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(A) As per amended claim 1, Joao discloses a method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician, comprising the steps of:

- (a) providing a patient with access information for logging onto a server site containing a plurality of patient files, including a patient file for the patient (Joao: col. 5, lines 60-67; col. 7, lines 16-24; col. 13, line 31-38; col. 14, lines 49-59; Fig. 1);
- (b) logging onto said server site by the server (Joao: col. 13, line 31-38; col. 14, lines 49-67; col. 15, lines 1-17);
- (c) transmitting said editable preliminary chart note to the physician (Joao: col. 14, lines 49-67; col. 15, lines 1-17; col. 20, lines 20-27; col. 41, lines 7-13; Fig. 1).

Examiner considers Joao's teaching that various files "can be continuously updated" to read on "editable."

Joao, however, fails to **expressly** disclose a method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician, comprising the steps of:

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- (d) providing and enabling a condition-specific interview for the patient regarding the patient's medical condition, wherein the content and amount of interview questions can be dynamically altered depending upon responses provided by the patient;
- (e) conducting said condition-specific interview with the patient by said server site;
- (f) storing information obtained from said condition-specific interview in patient files at said server site; and
- (g) responsive to said condition-specific interview, electronically generating, by said server site, pre-visit information including an editable preliminary chart note with information relating to the patient's medical condition.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell and Cummings. In particular, Campbell and Cummings disclose a method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician, comprising the steps of:

- (d) providing and enabling a condition-specific interview for the patient regarding the patient's medical condition, wherein the content and amount of interview questions can be dynamically altered depending upon responses provided by the patient (Campbell: abstract; col. 13, lines 10-18; Fig. 3-14);

Examiner notes that “can be,” as used by the Applicant, is considered noncommittal language and renders the limitations following that verbiage (i.e., “dynamically altered depending upon responses provided by the patient”) unnecessary for purposes of examination.

- (e) conducting said condition-specific interview with the patient by said server site (Campbell: abstract; col. 13, lines 10-18; col. 3, lines 33-64);
- (f) storing information obtained from said condition-specific interview in patient files at said server site (Campbell: abstract; col. 3, lines 41-64; Fig. 1);

Examiner notes that Campbell teaches the use of a plurality of servers and databases for storing patient data (i.e., condition-specific interview data).

- (g) responsive to said condition-specific interview, electronically generating, by said server site, information including an editable preliminary chart note with information relating to the patient's medical condition (Campbell: abstract; col. 13, lines 10-18); and
- (h) pre-visit information (Cummings: col. 8, lines 20-37).



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One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Campbell with the teachings of Joao with the motivation of managing a medical practice (Campbell: col. 1, lines 50-61).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to include the teachings of Cummings with the combined teachings of Joao and Campbell with the motivation of managing a medical practice (Cummings: col. 2, lines 33-67).

(B) As per claim 2, Joao discloses the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 1 further comprising the steps of, after examining an examination of the said patient by the said physician:

- (i) completing said ~~patient's~~ editable preliminary chart note by said the physician responsive to said the examination (Joao: col. 19, lines 65-67 and col. 20, lines 1-8); and
- (ii) storing said ~~completed~~ editable preliminary chart note at said server site (Joao: col. 19, lines 65-67).

(C) As per claim 3, Joao discloses the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 1 further comprising the steps of:

- (a) electronically generating information that includes a physician report including expert medical information relating to the patient's condition (Joao: col. 19, lines 54-64; col. 20, lines 20-27; col. 25, lines 25-67; col. 26, lines 1-38);and
- (b) transmitting said physician report to said the physician in language containing technical medical terminology for the purpose of enabling efficient diagnosis and treatment of the patient (Joao: col. 17, lines 25-60; col. 20, lines 21-27; col. 25, lines 54-58; col. 26, lines 10-38; Fig. 1).

Joao, however, fails to **expressly** disclose the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 1 further comprising the steps of:

- (c) electronically generating pre-visit information;
- (d) responsive to said condition-specific interview that includes a pre-visit physician report including expert medical information relating to said the patient's condition; and
- (e) by converting information responsive to said condition-specific interview from language not containing technical medical terminology into language containing technical medical terminology.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell and Cummings. In particular, Campbell and Cummings disclose the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 1 further comprising the steps of:

- (c) electronically generating pre-visit information (Cummings: col. 8, lines 20-37);
- (d) responsive to said condition-specific interview that includes a pre-visit physician report including expert medical information relating to said the patient's condition (Campbell: abstract; col. 13, lines 10-18); and
- (e) by converting information responsive to said condition-specific interview from language not containing technical medical terminology into language containing technical medical terminology (Campbell: abstract; col. 15, lines Fig. 9).

Examiner considers the abnormal observations within Fig. 9, in particular, to be devoid of "technical medical terminology." See reference numeral 904 in Fig 9. Examiner also notes that these abnormal observations are "converted" into technical medical terminology as tentative diagnoses. See reference numeral 906 in Fig 9. For example, an abnormal observation symptom without technical medical terminology,

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such as "Shaking Head or Scratching," is converted into a tentative diagnosis having language with technical medical terminology, such as Otitis Externa.

Examiner also considers the conversion of information from language not containing technical medical terminology into language containing technical medical terminology and vice-versa to be old and well known. Moreover, Examiner notes that merely automating a manual activity, such as information translation/conversion, is not sufficient to distinguish over the prior art. *In re Venner*, 262 F.2d 91, 95, 120 USPQ 193, 194 (CCPA 1958).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Campbell with the teachings of Joao with the motivation of managing a medical practice (Campbell: col. 1, lines 50-61).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to include the teachings of Cummings with the combined teachings of Joao and Campbell with the motivation of managing a medical practice (Cummings: col. 2, lines 33-67).

(D) As per claim 4, Joao discloses the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 3 wherein said pre-visit physician report includes at least one [of the]

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differential diagnosis diagnoses, work-up algorithm algorithms, treatment consideration considerations, and literature reference references, and transmitting said pre-visit physician report to said physician (Joao specifically discloses the inclusion of treatment considerations; Joao: col. 5, lines 28-32; col. 17, lines 25-60; col. 25, lines 54-58; col. 26, lines 10-38; Fig. 1).

(E) As per claim 11, Joao discloses a method for creating medical chart regarding an office visit for a specific condition of a patient [[,]] comprising the steps of:

- (a) providing a server site connected to an electronic communication network, said server site including ~~storage of a plurality of patient files, including a patient file for a plurality of patients including said the patient~~ (Joao: col. 8, lines 27-34; col. 13, lines 29-38; col. 15, lines 6-17; Fig. 1);
- (b) ~~connecting said patient to said sever site using said electronic communication network~~ providing the patient with access information for logging onto said server site (Joao: col. 7, lines 15-24; col. 13, lines 29-38);
- (c) ~~interviewing said patient by said patient regarding said specific condition in said patient's files at said server site~~ logging onto said server site by the patient using said electronic communication network (Joao: col. 13, lines 29-38; col. 15, lines 6-17; Fig. 1);

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- (d) ~~examining said patient by said physician~~ electronically generating, by said sever site, information that includes a patient summary and an editable preliminary chart note, and transmitting said patient summary to the patient and said editable preliminary chart note to the physician (Joao: col. 19, lines 54-64; col. 20, lines 20-27; col. 25, lines 25-67; col. 26, lines 1-38);
- (e) ~~completing said patient's chart note by said physician responsive to said examination~~ performing an examination of the patient by the physician (Joao: col. 19, lines 65-67 and col. 20, lines 1-8; Fig. 1); and
- (f) ~~storing said completed chart note at said server site~~ completing said editable preliminary chart note by the physician responsive to the examination (Joao: col. 19, lines 65-67 and col. 20, lines 1-8; Fig. 1); and
- (g) storing said editable preliminary chart note at said server site (Joao: col. 19, lines 65-67 and col. 20, lines 1-26; Fig. 1).

Joao, however, fails to **expressly** disclose a method for creating medical chart regarding an office visit for a specific condition of a patient [[.]] comprising the steps of:

- (h) ~~electronically generating, by said server site, pre-visit information that includes a pre-visit patient summary and a preliminary chart note, and transmitting said pre-visit patient summary to said patient and said preliminary chart note to said physician~~ interviewing the patient by said

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server site regarding said specific condition and storing information from the patient about said specific condition in the patient's files at said server site; and

- (i) electronically generating pre-visit information.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell and Cummings. In particular, Campbell and Cummings disclose a method for creating medical chart regarding an office visit for a specific condition of a patient [[,]] comprising the steps of:

- (h) ~~electronically generating, by said server site, pre-visit information that includes a pre-visit patient summary and a preliminary chart note, and transmitting said pre-visit patient summary to said patient and said preliminary chart note to said physician~~ interviewing the patient by said server site regarding said specific condition and storing information from the patient about said specific condition in the patient's files at said server site (Campbell: abstract; col. 13, lines 10-18; col. 3, lines 33-64; Fig. 1); and
- (i) electronically generating pre-visit information (Cummings: col. 8, lines 20-37).

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One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Campbell with the teachings of Joao with the motivation of managing a medical practice (Campbell: col. 1, lines 50-61).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to include the teachings of Cummings with the combined teachings of Joao and Campbell with the motivation of managing a medical practice (Cummings: col. 2, lines 33-67).

(F) As per claim 12, Joao discloses the method for creating medical chart regarding an office visit for a specific condition of a patient of claim 11, further comprising the steps of:

- (i) selecting, by said the physician, condition-specific educational material to be provided to said the patient (Joao: col. 17, lines 25-60; col. 25, lines 54-58; col. 26, lines 10-38; Fig. 1); and
- (ii) responsive to said ~~completed~~ editable preliminary chart note and said ~~selected~~ condition-specific educational material, electronically generating a post-visit report for said the patient (Joao: col. 11, lines 3-13; col. 19, lines 65-67 and col. 20, lines 1-26; Fig. 1).

(G) Claim 13 substantially repeats the same limitations of claims 6 and 7, and is therefore rejected for the same reasons given for those claims.



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(H) As per claim 15, Joao discloses the method for creating a medical chart regarding an office visit for a specific condition of a patient of claim 11, further comprising, by said the patient, the steps of:

- (a) viewing said the patient's file (Joao: col. 19, lines 65-67; Fig. 1); and
- (b) updating said the patient's file (Joao: col. 19, lines 65-67; Fig. 1).

Joao, however, fails to **expressly** disclose the step of

- (c) logging onto said server site.

Nevertheless, this feature is old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the step of:

- (c) logging onto a server (Campbell: col. 6, lines 20-37).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Campbell with the teachings of Joao with the motivation of managing a medical practice (Campbell: col. 1, lines 50-61).

(I) As per claim 17, Joao discloses a method for assisting a physician in providing medical services to a patient who has a medical condition, comprising the steps of:

- (a) providing a server site connected to an electronic communication network, said server site including storage a plurality of patient files, including a patient file for ~~for a plurality of patients including said~~ the patient (Joao: col. 8, lines 27-34; col. 13, lines 29-38; col. 15, lines 6-17; Fig. 1);
- (b) providing a the patient with access to said server site (Joao: col. 7, lines 16-23; col. 13, lines 27-38, col. 14, lines 48-58; col. 15, lines 5-17; Fig. 1);
- (c) logging onto said server site by said the patient (Joao: col. 7, lines 16-23; col. 13, lines 27-38, col. 14, lines 48-58; col. 15, lines 5-17; Fig. 1);
- (d) ~~of said patient using electronically selected information including interactively interviewing said patient in preparation for a medical consultation, and responsive to said pre-visit interview, electronically storing responses of said patient in said patient's electronic file,~~ electronically generating a summary that includes condition-specific preliminary information and transmitting said summary to the patient (Joao: col. 11, lines 3-13; col. 19, lines 54-64);
- (e) ~~responsive to said pre-visit interview, electronically generating a pre-visit summary that includes condition-specific preliminary information and transmitting said pre-visit summary to said patient; and~~
- (f) electronically generating information that includes a preliminary chart note and condition-specific educational material (Joao: col. 11, lines 3-13; col. 19, lines 65-67 and col. 20, lines 1-8), and transmitting said pre-visit

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information to said the physician (Joao: col. 12, lines 58-67 and col. 13, lines 1-7; col. 25, lines 54-58; Fig. 1).

Joao, however, fails to **expressly** disclose a method for assisting a physician in providing medical services to a patient who has a medical condition, comprising the steps of:

- (g) providing access information for logging on to said server site;
- (h) conducting a pre-visit interview, generating pre-visit information, and generating a pre-visit summary; and
- (i) in response to a request by said the patient, registering said the patient including creating an electronic file for said the patient in ~~said patient a~~ record database for the patient.

Nevertheless, these features are old and well known, as evidenced by Campbell and Cummings. In particular, Campbell and Cummings disclose a method for assisting a physician in providing medical services to a patient who has a medical condition, comprising the steps of:

- (g) providing access information for logging on to said server site (Campbell: col. 6, lines 20-37);

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- (h) conducting a pre-visit interview, generating pre-visit information, and generating a pre-visit summary\_(Cummings: col. 8, lines 20-37); and
- (i) in response to a request by said the patient, registering said the patient including creating an electronic file for said the patient in said ~~patient~~ a record database for the patient (Campbell: col. 6, lines 20-37).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Campbell with the teachings of Joao with the motivation of managing a medical practice (Campbell: col. 1, lines 50-61).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to include the teachings of Cummings with the combined teachings of Joao and Campbell with the motivation of managing a medical practice (Cummings: col. 2, lines 33-67).

(J) As per claim 18, Joao discloses the method for assisting a physician in providing medical services to a patient who has a medical condition of claim 17, further comprising the steps of: protecting the security of all transmissions to and from said server site over said electronic communication network, including encrypting said transmissions, and further including protecting the privacy of said a patient's file on said server site (Joao: col. 4, lines 6-10; col. 7, lines 16-23; col. 19, lines 8-11).

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(K) As per claim 19, Joao discloses the method for assisting a physician in providing medical services to a patient who has a medical condition of claim 17, further comprising the steps of:

- (a) providing a plurality of key questions to ~~said~~ the patient with said summary (Joao: col. 11, lines 3-13; col. 14, lines 13-21; col. 19, lines 54-64; col. 25, lines 25-38; Fig. 1); and
- (b) supplying said plurality of questions to ~~said~~ the physician with said information (Joao: col. 14, lines 13-21; col. 17, lines 25-60; col. 19, lines 54-64; col. 25, lines 25-38 and lines 54-58; col. 26, lines 10-38; Fig. 1).

Joao, however, fails to **expressly** disclose the method for assisting a physician in providing medical services to a patient who has a medical condition of claim 17, further comprising the steps of:

- (c) providing a plurality of key condition-specific physician questions to ~~said~~ the patient with said summary;
- (d) providing pre-visit summary and information; and
- (e) supplying said plurality of ~~pre-visit~~ key condition-specific physician questions to ~~said~~ the physician with said pre-visit information.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell and Cummings. In particular, Campbell and Cummings disclose the method for assisting a physician in providing medical services to a patient who has a medical condition of claim 17, further comprising the steps of:

- (c) providing a plurality of key condition-specific physician questions to said the patient with said summary (Campbell: abstract; col. 13, lines 10-18; Fig. 3-14);
- (d) providing pre-visit summary and information (Cummings: col. 8, lines 20-37); and
- (e) supplying said plurality of ~~pre-visit~~ key condition-specific physician questions to said the physician with said pre-visit information (Campbell: abstract; col. 13, lines 10-18; Fig. 3-14).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Campbell with the teachings of Joao with the motivation of managing a medical practice (Campbell: col. 1, lines 50-61).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to include the teachings of Cummings with the combined teachings of Joao and Campbell with the motivation of managing a medical practice (Cummings: col. 2, lines 33-67).

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(L) As per claim 20, Joao discloses the method for assisting a physician in providing medical services to a patient who has a medical condition of claim 17, further comprising the steps of:

- (a) performing an examination of ~~examining~~ said the patient by said the physician (Joao: col. 19, lines 65-67 and col. 20, lines 1-8; Fig. 1), and responsive to said examination, completing said the patient's chart note by said the physician and transmitting said completed patient's chart note to said server site for storage in said the patient's file (Joao: col. 19, lines 65-67 and col. 20, lines 1-26; Fig. 1);
- (b) responsive to said examination, electronically selecting condition-specific educational material to be provided to said the patient (Joao: col. 11, lines 3-13; col. 17, lines 25-60; col. 25, lines 54-58; col. 26, lines 10-38; Fig. 1), and transmitting said selected material to said server site for storage in said the patient's file (Joao: Fig. 1); and
- (c) responsive to said the completed patient's chart note and said selected material, electronically generating a post-visit report for said the patient (Joao: col. 11, lines 3-13; col. 19, lines 65-67 and col. 20, lines 1-26; Fig. 1).

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(M) As per claim 21, Joao discloses the method for assisting a physician in providing medical services to a patient who has a medical condition of claim 17, further comprising, by said the patient, the steps of:

- (a) subsequently logging onto said server site (Joao: col. 19, lines 8-11; Fig. 1);
- (b) viewing said the patient's file (Joao: col. 19, lines 65-67; Fig. 1); and
- (c) updating said the patient's file (Joao: col. 19, lines 65-67; Fig. 1).

(N) As per claim 22, Joao discloses the method of claim 17, further comprising, by said physician:

- (a) subsequently logging onto said server site (Joao: col. 19, lines 8-11; Fig. 1); and
- (b) viewing said the patient's file unless said patient has previously updated said patient's file to de-select said the physician (Joao: col. 19, lines 8-11 and lines 65-67; Fig. 1).

(O) As per claim 23, Joao discloses the method for assisting a physician in providing medical services to a patient who has a medical condition of claim 17, further comprising the steps of:



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- (a) electronically storing a group of patient files (Joao: col. 5, lines 60-64; col. 7, lines 16-18); and
- (b) performing medical studies utilizing said group of patient files (Joao: col. 19, lines 21-53; col. 28, lines 18-48).

Joao, however, fails to **expressly** disclose the method for assisting a physician in providing medical services to a patient who has a medical condition of claim 17, further comprising the steps of:

- (c) storing a group of patient files without patient identifiers such that said patient files avoid disclosing the identity of the patients associated with said files.

Nevertheless, these features are old and well known in the art, as evidenced by Gilbert. In particular, Gilbert discloses the method for assisting a physician in providing medical services to a patient who has a medical condition of claim 17, further comprising the steps of:

- (c) storing a group of patient files without patient identifiers such that said patient files avoid disclosing the identity of the patients associated with said files (Gilbert: abstract).

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One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Gilbert with the combined teachings of Joao, Campbell and Cummings with the motivation providing a means of effectively analyzing and studying medical treatments (Gilbert: col. 1, lines 10-28).

(P) Claim 24 differs from method claim 1 by reciting hardware elements, namely a communication link, an electronic communication network, a plurality of databases stored in computer-readable form, and a plurality of computer programs. As per these elements, Joao discloses:

- (a) a communication link (Joao: Fig. 1);
- (b) an electronic communication network (Joao: col. 2, lines 63-67);
- (c) a plurality of databases stored in computer-readable form (Joao: col. 4, lines 11-25); and
- (d) a plurality of computer programs (Joao: col. 7, lines 24-42).

(Q) Claim 25 differs from method claim 7 by reciting hardware elements, namely a database and a system. As per this element Joao discloses a database (Joao: col. 4, lines 11-25).

(R) As per claim 26, Joao discloses the medical information system of claim 24, further comprising means for protecting the security of all transmissions to and from

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said server site over said electronic communication network, including encrypting said transmissions, and further including means for protecting the privacy of said patient's file on said server site (Joao: col. 4, lines 6-10; col. 7, lines 16-23; col. 19, lines 8-11).

(S) As per claim 27, Joao discloses the medical information system of claim 24, further comprising:

- (a) a system for said the physician to complete said patient's preliminary chart note, and transmitting said ~~completed~~ preliminary chart note to said server site for storage in said patient's file (Joao: col. 11, lines 3-6; col. 19, lines 65-67 and col. 20, lines 1-26; Fig. 1);
- (b) a system for electronically selecting condition-specific educational material to be provided to said the patient, and transmitting said condition-specific educational [selected] material to said server site for storage in said patient's file (Joao: col. 11, lines 3-13; col. 17, lines 25-60; col. 20, lines 21-27; col. 25, lines 54-58; col. 26, lines 10-38; Fig. 1); and
- (c) a system, responsive to said ~~completed~~ preliminary chart note and said condition-specific educational ~~selected~~ material, that electronically generates a post-visit report for said the patient (Joao: col. 11, lines 3-13; col. 19, lines 65-67 and col. 20, lines 1-26; Fig. 1).

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(T) As per claim 28, Joao discloses the system of claim 24, further comprising a system for allowing ~~said~~ the patient to electronically update ~~said~~ the patient's file (Joao: col. 19, lines 65-67; Fig. 1).

(U) As per claim 30, Joao discloses the medical information system of claim 24, further comprising a system for allowing emergency personnel to view said patient's file for the purpose of providing medical care to the patient (Joao: col. 12, lines 51-67; col. 13, lines 1-7).

(V) As per claim 32, Joao discloses a computerized method of clinically educating a physician over an electronic network, comprising the steps of:

- (a) interviewing a plurality of patients, each of said plurality of patients ~~patient~~ having one or more of a plurality of medical conditions (Joao: col. 19, lines 54-64);
- (b) for each of said plurality of patients ~~patient~~, generating a report in computerized form for ~~said~~ the physician that includes information regarding medical practices relating to said one or more of a plurality of medical conditions applicable to each of said plurality of patients ~~said patient~~ (Joao: col. 11, lines 3-13; col. 19, lines 65-67 and col. 20, lines 1-8; Fig. 1); and

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- (c) providing ~~said~~ the physician with said information in computerized form regarding medical practices relating to said one or more medical conditions applicable to patients ~~said patient~~, thereby clinically educating ~~said~~ the physician with updated medical practices relating to said one or more of a plurality of medical conditions (Joao: col. 11, lines 3-13; col. 19, lines 65-67 and col. 20, lines 1-8; Fig. 1).

Joao, however, fails to expressly disclose a computerized method of clinically educating a physician over an electronic network, comprising the steps of:

- (d) condition-specific information; and
- (e) prior to each ~~of said consultations~~ interview, providing ~~said~~ the physician with said condition-specific information.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell and Cummings. In particular, Campbell and Cummings disclose a computerized method of clinically educating a physician over an electronic network, comprising the steps of:

- (d) condition-specific information (Campbell: abstract; col. 13, lines 10-18);
- and

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- (e) prior to each of said consultations interview, providing said the physician with said condition-specific information (Cummings: col. 8, lines 20-37).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Campbell with the teachings of Joao with the motivation of managing a medical practice (Campbell: col. 1, lines 50-61).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to include the teachings of Cummings with the combined teachings of Joao and Campbell with the motivation of managing a medical practice (Cummings: col. 2, lines 33-67).

8. Claims 5-10 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao, Campbell and Cummings as applied to claim 1 above, and further in view of PR Newswire ("eSTeeM Software Solutions, Inc. Unveils New Version of ByteRite 2000 Product For the Orthodontist Practice Management Software Market" Jan 24, 2000. pg. 1.; hereinafter PR Newswire).

(A) As per claim 5, Joao discloses the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 1 further comprising the steps of:

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- (a) electronically generating information that includes a patient summary including information relating to said the patient's medical condition (Joao: col. 19, lines 54-64; col. 20, lines 20-27; col. 25, lines 25-67; col. 26, lines 1-38); and
- (b) transmitting said patient summary to said the patient (Joao: col. 24, lines 48-62).

Joao, however, fails to **expressly** disclose the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 1 further comprising the steps of:

- (c) pre-visit information that includes a pre-visit patient summary;
- (d) patient summary responsive to said condition-specific interview including information relating to said the patient's medical condition; and
- (e) patient summary in language not containing technical medical terminology.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell, Cummings and PR Newswire. In particular, these prior art references disclose the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 1 further comprising the steps of:

- (c) pre-visit information that includes a pre-visit patient summary (Cummings: col. 8, lines 20-37);
- (d) patient summary responsive to said condition-specific interview including information relating to said the patient's medical condition (Campbell: abstract; col. 13, lines 10-18); and
- (e) patient summary in language not containing technical medical terminology (PR Newswire: pg. 1-2).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Campbell with the teachings of Joao with the motivation of managing a medical practice (Campbell: col. 1, lines 50-61).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Cummings with the combined teachings of Joao and Campbell with the motivation of managing a medical practice (Cummings: col. 2, lines 33-67).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to include the teachings of PR Newswire with the combined teachings of Joao, Campbell and Cummings with the motivation of managing a medical practice's communication between medical staff and patients (PR Newswire: pg. 1-2).

(B) As per claim 6, Joao discloses the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a



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physician of claim 5 wherein said step of electronically generating said pre-visit patient summary information further comprises:

- (a) transmitting questions to said the patient (Joao: col. 19, lines 54-64; col. 25, lines 25-38; Fig. 1).

Joao, however, fails to **expressly** disclose the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 5 wherein said step of electronically generating said pre-visit patient summary information further comprises:

- (b) electronically generating key condition-specific physician questions relating to said patient's medical condition; and
- (c) in language not containing technical medical terminology.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell and PR Newswire. In particular, Campbell and PR Newswire disclose

- (b) electronically generating key condition-specific physician questions relating to said patient's medical condition (Campbell: abstract; col. 13, lines 10-18); and

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- (c) in language not containing technical medical terminology (PR Newswire: pg. 1-2).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Campbell with the teachings of Joao with the motivation of managing a medical practice (Campbell: col. 1, lines 50-61).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to include the teachings of PR Newswire with the combined teachings of Joao, Campbell and Cummings with the motivation of managing a medical practice's communication between medical staff and patients (PR Newswire: pg. 1-2).

(C) As per claim 7, Joao discloses the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 6 wherein said step of electronically generating said pre-visit information further comprises the steps of:

- (a) electronically generating a physician report (Joao: col. 17, lines 25-60; col. 25, lines 54-58; col. 26, lines 10-38; Fig. 1); and
- (b) transmitting said pre-visit physician report to said the physician (Joao: col. 17, lines 25-60; col. 25, lines 54-58; col. 26, lines 10-38; Fig. 1).

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Joao, however, fails to **expressly** disclose the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 6 wherein said step of electronically generating said pre-visit information further comprises the steps of:

- (c) a pre-visit physician report;
- (d) physician report that includes said key condition-specific physician questions;
- (e) ~~a rationale for~~ responses to each of said key condition-specific physician questions by the patient; and
- (f) in technical medical terminology for the purpose of enabling efficient diagnosis and treatment of the patient.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell and Cummings. In particular, Campbell and Cummings disclose the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 6 wherein said step of electronically generating said pre-visit information further comprises the steps of:

- (c) a pre-visit physician report (Cummings: col. 8, lines 20-37);
- (d) physician report that includes said key condition-specific physician questions (Campbell: abstract; col. 13, lines 10-18);

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- (e) ~~a rationale for~~ responses to each of said key condition-specific physician questions by the patient, (Campbell: abstract; col. 13, lines 10-18); and
- (f) in technical medical terminology for the purpose of enabling efficient diagnosis and treatment of the patient (Campbell: abstract; col. 13, lines 10-18).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Campbell with the teachings of Joao with the motivation of managing a medical practice (Campbell: col. 1, lines 50-61).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to include the teachings of Cummings with the combined teachings of Joao and Campbell with the motivation of managing a medical practice (Cummings: col. 2, lines 33-67).

(D) As per claim 8, Joao discloses the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 1 further comprising the steps of, after examining said the patient by said the physician, generating a post-visit report and transmitting said post-visit patient report to said the patient (Joao: col. 19, lines 65-67 and col. 20, lines 1-8; Fig. 1).

Joao, however, fails to expressly disclose the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled

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with a physician of claim 1 further comprising the steps of, generating a post-visit report in language not containing technical medical terminology.

Nevertheless, this feature is old and well known in the art, as evidenced by PR Newswire. In particular, PR Newswire discloses the method for creating a medical chart regarding a patient's medical condition for which an appointment has been scheduled with a physician of claim 1 further comprising the steps of, generating a post-visit report in language not containing technical medical terminology (PR Newswire: pg. 1-2).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of PR Newswire with the combined teachings of Joao, Campbell and Cummings with the motivation of managing a medical practice's communication between medical staff and patients (PR Newswire: pg. 1-2).

(E) Claim 9 substantially repeats the same limitations as claims 3, 5 and 7, and is therefore rejected for the same reasons given for those claims.

(F) Claim 10 substantially repeats the same limitations of claim 4, and is therefore rejected for the same reason given for that claim.

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9. Claims 14 and 29 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao, Campbell and Cummings as applied to claims 11 and 24 above, and further in view of Keene (5,325,294; hereinafter Keene).

(A) As per claim 14, Joao discloses the method for creating a medical chart regarding an office visit for a specific condition of a patient of claim 11, further comprising the steps of:

- (a) supplying access to emergency personnel assigned to treat said the patient; and utilizing said access to connect to said server site and view said patient's file to assist in treating said the patient (Joao: col. 12, lines 57-67; col. 13, lines 1-7; col. 13, lines 27-38; col. 14, lines 13-21; col. 15, lines 5-17; col. 16, lines 33-65; Fig. 1).

Joao, however, fails to **expressly** disclose the method for creating a medical chart regarding an office visit for a specific condition of a patient of claim 11, further comprising the steps of:

- (b) supplying an access code associated with a patient and utilizing said access code to connect to said server site and view said patient's file.

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Nevertheless, these features are old and well known in the art, as evidenced by Keene. In particular, Keene discloses the method for creating a medical chart regarding an office visit for a specific condition of a patient of claim 11, further comprising the steps of:

- (b) supplying an access code associated with a patient and utilizing said access code to connect to said server site and view said patient's file (Keene: abstract).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Keene with the combined teachings of Joao, Campbell and Cummings with the motivation providing managing the confidentiality of medical information (Keene: col. 1, lines 49-67).

(B) As per claim 29, Joao fails to **expressly** disclose the medical information system of claim 24, further comprising a system for allowing a physician to view said patient's file only if ~~said~~ the physician has been pre-authorized by said patient.

Nevertheless, these features are old and well known in the art, as evidenced by Keene. In particular, Keene discloses the medical information system of claim 24, further comprising a system for allowing a physician to view said patient's file only if ~~said~~ the physician has been pre-authorized by said patient (Keene: abstract).

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One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Keene with the combined teachings of Joao, Campbell and Cummings with the motivation providing managing the confidentiality of medical information (Keene: col. 1, lines 49-67).

10. Claims 16 and 31 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao, Campbell and Cummings as applied to claims 11 and 24 above, and further in view of Gilbert (6,381,576; hereinafter Gilbert).

(A) As per claim 16, Joao discloses the method for creating medical chart regarding an office visit for a specific condition of a patient of claim 11, further comprising the steps of:

- (a) electronically storing a group of patient files (Joao: col. 5, lines 60-64; col. 7, lines 16-18); and
- (b) performing medical studies utilizing said group of patient files (Joao: col. 19, lines 21-53; col. 28, lines 18-48).

Joao, however, fails to **expressly** disclose the method for creating medical chart regarding an office visit for a specific condition of a patient of claim 11, further comprising the steps of:



- (c) storing patient files without patient identifiers such that said group of patient files avoid disclosing the identity of the patients associated with said files.

Nevertheless, these features are old and well known in the art, as evidenced by Gilbert. In particular, Gilbert discloses the method for creating medical chart regarding an office visit for a specific condition of a patient of claim 11, further comprising the steps of:

- (c) storing patient files without patient identifiers such that said group of patient files avoid disclosing the identity of the patients associated with said files (Gilbert: abstract).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Gilbert with the combined teachings of Joao, Campbell and Cummings with the motivation providing a means of effectively analyzing and studying medical treatments (Gilbert: col. 1, lines 10-28).

(B) As per claim 31, Joao discloses the medical information system of claim 24, further comprising a system for performing medical studies utilizing said group of patient files (Joao: col. 19, lines 21-53; col. 28, lines 18-48).

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Joao, however, fails to **expressly** disclose discloses the medical information system of claim 24, further comprising a system for performing medical studies wherein said group of patient files do not contain patient identifying information.

Nevertheless, these features are old and well known in the art, as evidenced by Gilbert. In particular, Gilbert discloses the medical information system of claim 24, further comprising a system for performing medical studies wherein said group of patient files do not contain patient identifying information (Gilbert: abstract).

One of ordinary skill would have found it obvious at the time of the invention to include the teachings of Gilbert with the combined teachings of Joao, Campbell and Cummings with the motivation providing a means of effectively analyzing and studying medical treatments (Gilbert: col. 1, lines 10-28).

### ***Response to Arguments***

11. Applicant's arguments with respect to claims 1, xxxxx have been considered but art moot in view of the new ground(s) of rejection.

12. Applicant's arguments filed 07 October 2005 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed 07 October 2005.

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(A) On page 23 of the 07 October 2005 response regarding claim 1, Applicant argues that Joao does disclose a method whereby the provider, not the patient, is meant to access the central processing computer and enters data and/or information regarding the patient.

Examiner, however, respectfully disagrees and points out that Joao teaches that "Any patient, user, provider, payer, and/or intermediary, may utilize the present invention in the same, or similar and/or analogous manner." Therefore, Joao does, in fact, disclose a method whereby the patient is meant to access the central processing computer and enters data and/or information regarding the patient.

Applicant's other arguments pertaining to claim 1 on pages 23-25 are rendered moot based on new grounds of rejection necessitated by amendment.

(B) On page 26 of the 07 October 2005 response regarding claim 3, Applicant argues that Joao discloses neither the ability to convert language not containing technical medical terminology obtained from a condition-specific interview into language which is in proper medical terminology to assist the physician in treating the patient.

Examiner, however, deems these features to be new matter and requests Applicant to provide support for all features added to the amendment.

Assuming arguendo that Applicant provides support for these features, the argument is rendered moot nonetheless based on new grounds of rejection necessitated by amendment.

(C) On page 27 of the 07 October 2005 response regarding claim 11, Applicant argues that Joao does not disclose providing a patient with access information for logging onto a server site and logging onto said server site by the patient using said electronic communication network.

Examiner, however, respectfully disagrees because Joao teaches the use of identification cards having *information* (i.e., access information) for *any* respective party (e.g., patient) so as to provide the respective party (e.g., patient) with access to various data stored on the network (Joao: col. 2, lines 63-67; col. 3, lines 1-7; col. 4, lines 27-33; col. 7, lines 16-24).

(D) On page 28 of the 07 October 2005 response regarding claim 16, Applicant argues that Joao does not disclose a system for performing medical studies using a group of patient files, as is claimed in Applicant's invention.

Examiner, however, respectfully disagrees because Joao does teaches the capability of analyzing information pertaining to patient diagnoses and/or treatments; and calculating and/or providing statistical information regarding diagnoses and/or treatments *under study* (Joao: col. 19, lines 21-53; col. 28, lines 18-48). Moreover, the new art necessitated by amendment also teaches performing medical studies on patient data (Gilbert: abstract).

The remaining arguments pertaining to claim 16 are rendered moot based on new grounds of rejection necessitated by amendment.

(E) On page 30 of the 07 October 2005 response regarding claim 27, Applicant argues that Joao does not disclose a system that electronically selects condition-specific material to be provided to a patient.

Examiner, however, respectfully disagrees because Joao does teach that the system electronically selects material to be provided to a patient (Joao: col. 7, lines 34-42). As per the feature of condition-specific material, it has been rejected by Campbell based on new grounds of rejection necessitated by amendment.

The remaining arguments pertaining to claim 27 are rendered moot based on new grounds of rejection necessitated by amendment.

(F) On page 32 of the 07 October 2005 response regarding claim 7, Applicant argues that Joao does not disclose a system that generates key questions relating to the patient's medical condition for the *patient to ask the physician*.

In response, Examiner notes that, as written, claim 7 teaches that responses to said key condition-specific questions are given by the patient and therefore, Examiner construes claim 7 to read that the *physician, not the patient, asks the questions*.

Nevertheless, this argument is rendered moot based on new grounds of rejection necessitated by amendment.

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(F) On page 33 of the 07 October 2005 response regarding claim 14, Applicant argues that Joao does not expressly disclose a method that allows emergency personnel to securely access patient files in order to treat the patient.

Examiner respectfully disagrees because Joao teaches a that a plethora of different users may access the system including patients, providers, payer, and intermediaries in order to treat the patient (Joao: col. 4, lines 27-39). Joao further teaches that providers include doctors, nurses, therapists, specialists, and any other person, individual and/or professional who can provide healthcare services or products (Joao: col. 12, lines 58-67; col. 13, lines 1-7).

The remaining arguments pertaining to claim 14 are rendered moot based on new grounds of rejection necessitated by amendment.

(G) All remaining arguments not directly address above are rendered moot based on new grounds of rejection necessitated by amendment.

### ***Conclusion***

13. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

14. The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied art teaches an electronic medical records system (5,294,074); authoring language translator (6,748,353); a system for and method of collecting and populating a database with physician/patient data for processing to improve practice quality and healthcare delivery (6,151,581); a method and apparatus for an integrated clinical tele-informatics system (6,139,494); a individualized patient electronic medical records system (6,523,009); personalizing hospital intranet web sites (6,076,166); a method of managing and controlling access to personal information (6,073,106); a medical record forming and storing apparatus and medical record and method related to same (6,304,848); a medical network management system and process (5,471,382); a method and system for distributing health information (6,463,417); a wide area medical information system and method using thereof (5,911,687); a method and system for interactive prescription and

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distribution of prescriptions in conducting clinical studies (5,991,731); a method and system for generating statistically-based medical provider utilization profiles (5,557,514); a method and system for creating computer-understandable structured medical data from natural language reports (US 2003/0105638); a medical record forming and storing apparatus and medical record and method related to same (US 2002/0087357); a network based language translation system (6,161,082); and tracking of clinical study samples, information and results (US 2001/0032060).

The cited but not applied prior art also includes non-patent literature articles by Arnold, Paul N. ("How to put experience to work for you" Copyright 1998. @ <http://www.revophth.com/1998/rpj8bl.html>.) and Skills for Change ("Occupational Terminology Workshop" Copyright 1998.).

15. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Mike Tomaszewski whose telephone number is (571)272-8117. The examiner can normally be reached on M-F 7:00 am - 3:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571)272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.




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